

Foster Family Home - Corrective Action Report

Provider ID: 1-631318

Home Name: Zeny Basconcillo, CNA

94-1153 Hinaea Street

Waipahu HI 96797

Review ID: 1-631318-7

Reviewer: Maribel Nakamine

Begin Date: 10/16/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

CCFFH inspection for a 3 person CCFFH recertification completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, RN 10/16/2020
Compliance Manager Date

Zeny Basconcillo 10/16/2020
Primary Care Giver Date